


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90004 014 \*\*\*150.00

<b>DOCUMENT # P95000015133</b>	
1. Entity Name QUALITY PSYCHIATRIC SERVICES, P.A.	

Principal Place of Business 101 PARK PLACE BLVD. SUITE 1-A KISSIMMEE, FL 34741	Mailing Address 101 PARK PLACE BLVD. SUITE 1-A KISSIMMEE, FL 34741
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



05242005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3302817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  POULOS, PETER M.D. 101 PARK PLACE BLVD. SUITE 1-A KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV POULOS, PETER M.D. 101 PARK PLACE BLVD., SUITE 1-A KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST POULOS, PETER M.D. 101 PARK PLACE BLVD., SUITE 1-A KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Peter Poulos</u>	Date <u>5-27-05</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		